

MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)

SERIAL NO.  
10787055  
APPLICANT

FILING DATE

2150010-1 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		2		2		2
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17		2		2		2
18	1		1		1	
19	1		1		1	
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TOTAL NO.	10		10		10	
TOTAL OFF.	14		10		10	
TOTAL	24		20		20	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
TOTAL OFF.						
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